

FORM LM-30
LABOR ORGANIZATION OFFICER AND
EMPLOYEE REPORT

This report is mandatory under P L 86 257 as amended Failure to comply may result in criminal prosecution fines or civil penalties as provided by 29 U S C 439 or 440



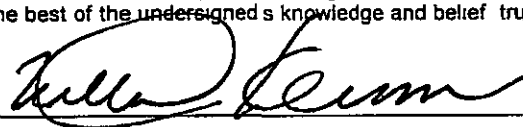
READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1 File Number U <u>8688</u>	2 Fiscal Year Covered From <u>01 / 01 / 2004</u> Through <u>12 / 31 / 2004</u>
3 Name and address of person filing Name <u>William Kennison</u> P O Box, Bldg Room No if any _____ Street <u>896 Lower Main St</u> City <u>Wailuku</u> State <u>Hawaii</u> ZIP Code + 4 <u>96793</u>	3 Name file number and address of labor organization Name <u>ILWU Local 142</u> Labor Organization File Number <u>016-952</u> P O Box, Building and Room Number if any _____ Street <u>451 Atkinson Drive</u> City <u>Honolulu</u> State <u>Hawaii</u> ZIP Code + 4 <u>96814</u>
5 Position in labor organization <u>Pension Trustee</u>	

Enter appropriate data below if during the past fiscal year you or your spouse or minor child directly or indirectly had any of the following interests
(except as specified in the exclusions set forth in the instructions)

A. Held an interest in engaged in transactions (including loans) with or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent	
3 Name and address of Employer (including trade name if any) Name _____ Trade Name if any _____ P O Box, Bldg Room No if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	7 a Nature of Interest Transaction or Income 7 b Amount _____

Signature

15 Signature and verification The undersigned declares under penalty of Perjury and other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is to the best of the undersigned's knowledge and belief true correct and complete (See the section on penalties in the instructions)		
Signed <u></u>	On <u>8/10/05</u> Date	<u>808-244-9191</u> Telephone Number

Name of Person Filing William Kennison	File Number U-
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B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

<p>8 Name and address of Business (including trade name if any)</p> <p>Name <u>ILWU (HI) Employers General Pension Trust</u></p> <p>Trade Name if any _____</p> <p>P O Box, Bldg Room No if any _____</p> <p>Street <u>1221 Kapiolani Blvd, Suite 900</u></p> <p>City <u>Honolulu</u></p> <p>State <u>Hawaii</u> ZIP Code + 4 <u>96814</u></p>	<p>9 Business deals with</p> <p><input type="checkbox"/> a Labor Organization</p> <p><input checked="" type="checkbox"/> b Trust</p> <p><input type="checkbox"/> c Employer</p>
<p>10 If 9 b or 9 c is checked give trust or employer's name</p> <p>Name <u>ILWU (HI) Employers General Penison Trust</u></p> <p>Trade Name if any _____</p> <p>P O Box, Bldg Room No if any _____</p> <p>Street <u>1221 Kapiolani Blvd, Suite 900</u></p> <p>City <u>Honolulu</u></p> <p>State <u>Hawaii</u> ZIP Code + 4 <u>96814</u></p>	<p>11 a Nature of such dealing</p> <p>The ILWU (HI) Employers General Pension Trust is a defined benefit multi-employer pension plan providing pension benefits for employees who are represented by the ILWU Local 142 and is therefore a trust in which the ILWU Local 142 is inteested Per Department of Labor guidelines, it is also a business that needs to be reported on my LM-30.</p> <p>11 b Approximate dollar value of such dealing _____</p> <p>12 a Nature of interest held or income received</p> <p>The income received consist of expense reimbursements attributable to travel expenses incurred while attending trustee meetings or trustee educational conferences</p> <p>12 b Amount <u>see attached</u></p>

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

<p>13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)</p> <p>Name _____</p> <p>Trade Name if any _____</p> <p>P O Box, Bldg Room No if any _____</p> <p>Street _____</p> <p>City _____</p> <p>State _____ ZIP Code + 4 _____</p>	<p>14 a Nature of payment.</p> <p>_____</p>
<p>13 a. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/></p>	<p>14 b Amount of payment</p> <p>_____</p>

Attachment to Form LM-30
Labor Organization Officers and Employee Report
William Kennison
Ending Date of Report December 31, 2004

The transactions, dealing and interests that are reported on this Form LM-30 represent my good faith effort to reconstruct any reportable occurrences for calendar year 2004. Some Items may have been unintentionally omitted. If, in the future it comes to my attention that there is a matter, which should have been reported, I will file an amended LM-30.

- 1 November 30-December 4, 2004 - 50th Annual Employee Benefits Conference at New Orleans, Louisiana**

a	Airfare	\$ 804 96
b	<u>Hotel & Misc (meals, tips & etc)</u>	<u>\$1,102 44</u>
	Total	\$1,907 40